



Authorization for Selected Services



Donor's Name: _____ Employer's Name: Richland County School District One

FMCSA: Issuing State & DL#: _____ Date of Birth: _____

Under § 382.705, the driver's commercial driver's license (CDL) number and the state of issuance must be used in place of the SSN or EIN when reporting to the Clearinghouse.

Services Requested:

Department of Transportation (DOT) Regulated Employees:

- DOT FMCSA Drug Screen Collection
- DOT FMCSA Direct Observed Drug Screen
- DOT FMCSA Breath Alcohol Collection

Direct Observation is required for all DOT return to duty and follow-up tests

Reason for Testing

Pre-Employment	Random	Reasonable Suspicion	Post Accident	Return to Duty	Follow-Up
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I acknowledge I have received notice from my employer and will proceed immediately to the designated collection site.

Employee Signature _____

Date _____

Requester

Beverley Leeper, Risk Management

803-231-7402

Employer Representative

Phone

Collection Site: Address, City, State, Zip, & Phone:

- Midlands Exams & Drug Screening 6941 N. Trenholm Rd. Suite M, Columbia, SC 29206 (803)790-2045
- Midlands Exams & Drug Screening 3020 Sunset Boulevard, Suite 102, West Columbia, SC 29169 (803)939-8422

Medical Review Officer (MRO):

Per the regulations 40.73 (9) Send copy 2 of the CCF to the MRO. You must fax or otherwise transmit these copies to the MRO within 24 hours or during the next business day. Keep copy 3 for at least 30 days, unless otherwise specified by applicable DOT agency regulations.

Alcohol results do not require MRO review, however please provide the alcohol testing form to the MRO. This is to ensure correct MIS reporting for employers.

Fax: 855-253-5666 | Email: dataentry@i3screen.com | upload.i3screen.net

Designated Employer Representative (DER):

Send Copy 4 to the DER. You must fax or otherwise transmit these copies to the DER within 24 hours or during the next business day. Immediately notify the DER if the employee has a breath alcohol confirmation test result of 0.02 or higher. Forward Copy 1 to the employer as soon as testing is completed. Authorization forms should also be sent to the DER via email or fax. If you cannot email or fax, you **must** mail the employer their copies.

Billing:

Premier Biotech
 723 Kasota Avenue SE
 Minneapolis, MN 55414
 Phone: 855-718-6917
 Email Invoices: docs+biotechinc@ap-docs.com